

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31392

State File No.

FILED SEP 30 1949

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-96-9 Registrar's No. 70

83
66

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BEVERLY</u> c. LENGTH OF STAY (in this place) <u>fair</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BEVERLY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>(None)</u> c. (Last) <u>HUMPHREY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 14, 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 9, 1865</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>WILLIAM SCHABACK</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES BALLINGER</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES H. HUMPHREY</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PAUL HEERWALD</u> ADDRESS <u>EAST LEAVENWORTH, MO.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage & senile dementia.</u>		<u>3 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis & hypertension.</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Small cerebral hemorrhages or thrombi preceded death by 2 yrs.</u>		<u>2-3 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXX</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXXX</u>

22. I hereby certify that I attended the deceased from Apr. 15, 1949, to Sept. 14, 1949, that I last saw the deceased alive on Sept. 14, 1949, and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis C. Calvert, M.D.</u> (Degree or title)	23b. ADDRESS <u>Weston Missouri</u>	23c. DATE SIGNED <u>9/17/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-49</u>	REGISTRAR'S SIGNATURE <u>Rhonda R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins & Mitchell, Platte City, Mo.</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5

District File Number.....

Date Filed 9-28-49

NOV 11 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 14725

P. O. Address Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.